

HEALTH QUARTERLY STATEMENT

AS OF March 31, 2004

OF THE CONDITION AND AFFAIRS OF THE

McLAREN HEALTH PLAN, INC

NAIC Group Code	0000	0000	NAIC Company Code	95848	Employer's ID Number	383383640
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan	State of Domicile or Port of Entry	Michigan			
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]	Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X]	Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]			
Date Incorporated or Organized	09/12/1997	Date Commenced Business	08/01/1998			
Statutory Home Office	G-3245 Beecher Rd.	FLINT, MI 48532				
	(Street and Number)	(City, or Town, State and Zip Code)				
Main Administrative Office	G-3245 Beecher Rd.					
	(Street and Number)					
	FLINT, MI 48532	(810)733-9723				
	(City or Town, State and Zip Code)	(Area Code) (Telephone Number)				
Mail Address	G-3245 Beecher Rd.	FLINT, MI 48532				
	(Street and Number or P.O. Box)	(City, or Town, State and Zip Code)				
Primary Location of Books and Records	G-3245 Beecher Rd.					
	(Street and Number)					
	FLINT, MI 48532	(810)733-9723				
	(City, or Town, State and Zip Code)	(Area Code) (Telephone Number)				
Internet Website Address	www.mclaren.org					
Statutory Statement Contact	CHERYL WESTOBY	(810)733-9723				
	(Name)	(Area Code)(Telephone Number)(Extension)				
	cherylwe@mclaren.org	(810)733-5782				
	(E-Mail Address)	(Fax Number)				
Policyowner Relations Contact	G-3245 Beecher Rd.					
	(Street and Number)					
	Flint, MI 48532	(888)327-0671				
	(City, or Town, State and Zip Code)	(Area Code) (Telephone Number)(Extension)				

OFFICERS

KATHY KENDALL, President
DENNIS KRZEMINSKI, Secretary
JEFF ASH, Chief Financial Officer

OTHERS

DIRECTORS OR TRUSTEES

KATHY KENDALL
TOM DONALDSON
DENNIS KRZEMINSKI
BARBARA VANDERSON
KEVIN TOMPKINS

RICK WYLES
RONALD SHAHEEN D.O.
VICKIE RAMEY
BRENDA KAISER

State ofMichigan
County ofGenesee ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manuals except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
KATHY KENDALL	DENNIS KRZEMINSKI	JEFF ASH
(Printed Name)	(Printed Name)	(Printed Name)
President	Secretary	Chief Financial Officer
(Title)	(Title)	(Title)
Subscribed and sworn to before me this	a. Is this an original filing?	Yes[X] No[]
day of , 2004	b. If no, 1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	
(Notary Public Signature)		

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31, Prior Year Net Admitted Assets
1.	Bonds				
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks	1,033,231		1,033,231	1,030,685
3.	Mortgage loans on real estate:				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate:				
4.1	Properties occupied by the company (less \$..... encumbrances)	3,076,731		3,076,731	3,098,504
4.2	Properties held for the production of income (less \$..... encumbrances)				
4.3	Properties held for sale (less \$..... encumbrances)				
5.	Cash (\$.....20,724,494), cash equivalents (\$.....) and short-term investments \$.....)	20,724,494		20,724,494	17,706,580
6.	Contract loans (including \$..... premium notes)				
7.	Other invested assets				
8.	Receivable for securities				
9.	Aggregate write-ins for invested assets	4,000		4,000	
10.	Subtotals, cash and invested assets (Lines 1 to 9)	24,838,455		24,838,455	21,835,768
11.	Investment income due and accrued	2,907		2,907	3,111
12.	Premiums and considerations:				
12.1	Uncollected premiums and agents' balances in the course of collection				
12.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums)				
12.3	Accrued retrospective premiums				
13.	Reinsurance:				
13.1	Amounts recoverable from reinsurers	23,210		23,210	74,727
13.2	Funds held by or deposited with reinsured companies				
13.3	Other amounts receivable under reinsurance contracts				
14.	Amounts receivable relating to uninsured plans				
15.1	Current federal and foreign income tax recoverable and interest thereon				
15.2	Net deferred tax asset				
16.	Guaranty funds receivable or on deposit				
17.	Electronic data processing equipment and software	62,400		62,400	69,086
18.	Furniture and equipment, including health care delivery assets (\$.....)	432,350	194,558	237,793	381,120
19.	Net adjustments in assets and liabilities due to foreign exchange rates				
20.	Receivables from parent, subsidiaries and affiliates	882,580		882,580	456,425
21.	Health care (\$.....456,385) and other amounts receivable	458,783		458,783	235,250
22.	Other assets nonadmitted	936	936		
23.	Aggregate write-ins for other than invested assets	12,469		12,469	4,874
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	26,714,092	195,494	26,518,598	23,060,361
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26.	TOTALS (Lines 24 and 25)	26,714,092	195,494	26,518,598	23,060,361
DETAILS OF WRITE-INS					
0901.	Other Invested Assets	4,000		4,000	
0902	.....			
0903	.....			
0998.	Summary of remaining write-ins for Line 9 from overflow page				
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)	4,000		4,000	
2301.	Other Admitted Assets	12,469		12,469	4,874
2302	.....			
2303	.....			
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	12,469		12,469	4,874

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$..... reinsurance ceded)	8,704,562		8,704,562	7,065,726
2.	Accrued medical incentive pool and bonus amounts	2,095,002		2,095,002	1,607,757
3.	Unpaid claims adjustment expenses	160,390		160,390	103,908
4.	Aggregate health policy reserves				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued	1,176,192		1,176,192	761,994
10.1	Current federal and foreign income tax payable and interest thereon (including \$..... on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others	7,315		7,315	284,692
13.	Remittances and items not allocated				
14.	Borrowed money (including \$..... current) and interest thereon \$..... (including \$..... current)				
15.	Amounts due to parent, subsidiaries and affiliates	379,620		379,620	531,461
16.	Payable for securities				
17.	Funds held under reinsurance treaties with (\$..... authorized reinsurers and \$..... unauthorized reinsurers)				
18.	Reinsurance in unauthorized companies				
19.	Net adjustments in assets and liabilities due to foreign exchange rates				
20.	Liability for amounts held under uninsured accident and health plans				
21.	Aggregate write-ins for other liabilities (including \$..... current)	816,088		816,088	705,663
22.	Total liabilities (Lines 1 to 21)	13,339,169		13,339,169	11,061,202
23.	Common capital stock	X X X	X X X		
24.	Preferred capital stock	X X X	X X X		
25.	Gross paid in and contributed surplus	X X X	X X X	1,140,000	1,140,000
26.	Surplus notes	X X X	X X X		
27.	Aggregate write-ins for other than special surplus funds	X X X	X X X		
28.	Unassigned funds (surplus)	X X X	X X X	12,039,428	10,859,159
29.	Less treasury stock, at cost:				
29.1	..... shares common (value included in Line 23 \$.....)	X X X	X X X		
29.2	..... shares preferred (value included in Line 24 \$.....)	X X X	X X X		
30.	Total capital and surplus (Lines 23 to 28 minus Line 29)	X X X	X X X	13,179,428	11,999,159
31.	Total liabilities, capital and surplus (Lines 22 and 30)	X X X	X X X	26,518,597	23,060,361
DETAILS OF WRITE-INS					
2101.	PAYABLE FOR QAAP	816,088		816,088	705,663
2102	.....			
2103	.....			
2198.	Summary of remaining write-ins for Line 21 from overflow page				
2199.	TOTALS (Lines 2101 through 2103 plus 2198) (Line 21 above)	816,088		816,088	705,663
2701	.....	X X X	X X X		
2702	.....	X X X	X X X		
2703	.....	X X X	X X X		
2798.	Summary of remaining write-ins for Line 27 from overflow page	X X X	X X X		
2799.	TOTALS (Lines 2701 through 2703 plus 2798) (Line 27 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date
		1 Uncovered	2 Total	3 Total
1.	Member Months	X X X	93,206	65,251
2.	Net premium income (including \$..... non-health premium income)	X X X	15,801,775	9,857,104
3.	Change in unearned premium reserves and reserves for rate credits	X X X		
4.	Fee-for-service (net of \$..... medical expenses)	X X X		
5.	Risk revenue	X X X		
6.	Aggregate write-ins for other health care related revenues	X X X	(815,582)	188,090
7.	Aggregate write-ins for other non-health revenues	X X X		
8.	Total revenues (Lines 2 to 7)	X X X	14,986,193	10,045,194
Hospital and Medical:				
9.	Hospital/medical benefits		9,055,985	6,874,339
10.	Other professional services		228,018	
11.	Outside referrals			
12.	Emergency room and out-of-area		644,994	
13.	Prescription drugs		2,826,380	1,631,352
14.	Aggregate write-ins for other hospital and medical			
15.	Incentive pool, withhold adjustments and bonus amounts			
16.	Subtotal (Lines 9 to 15)		12,755,377	8,505,691
Less:				
17.	Net reinsurance recoveries		79,355	37,787
18.	Total hospital and medical (Lines 16 minus 17)		12,676,022	8,467,904
19.	Non-health claims			
20.	Claims adjustment expenses, including \$..... cost containment expenses		119,524	355,209
21.	General administrative expenses		876,510	604,816
22.	Increase in reserves for life and accident and health contracts (including \$..... increase in reserves for life only)			
23.	Total underwriting deductions (Lines 18 through 22)		13,672,055	9,427,929
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	1,314,138	617,265
25.	Net investment income earned		(3,878)	54,132
26.	Net realized capital gains (losses)			(42,386)
27.	Net investment gains or (losses) (Lines 25 plus 26)		(3,878)	11,746
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....)]			
29.	Aggregate write-ins for other income or expenses		(1,754)	
30.	Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	1,308,505	629,011
31.	Federal and foreign income taxes incurred	X X X		
32.	Net income (loss) (Lines 30 minus 31)	X X X	1,308,505	629,011
DETAILS OF WRITE-INS				
0601.	OTHER HEALTH CARE RELATED REVENUE	X X X	506	188,090
0602.	QAAP TAX	X X X	(816,088)	
0603	.....	X X X		
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X	(815,582)	188,090
0701	.....	X X X		
0702	.....	X X X		
0703	.....	X X X		
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X		
1401	.....		
1402	.....		
1403	.....		
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901.	Loss on Sale of Equipment		(1,754)	
2902	.....		
2903	.....		
2998.	Summary of remaining write-ins for Line 29 from overflow page			
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)		(1,754)	

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year To Date	Prior Year
CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	11,999,160	6,302,883
GAINS AND LOSSES TO CAPITAL & SURPLUS			
34.	Net income or (loss) from Line 32	1,308,505	5,923,534
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Net unrealized capital gains and losses	(34,319)	(125,681)
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets	(93,918)	(101,576)
40.	Change in unauthorized reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes		
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
44.1	Paid in		
44.2	Transferred from surplus (Stock Dividend)		
44.3	Transferred to surplus		
45.	Surplus adjustments:		
45.1	Paid in		
45.2	Transferred to capital (Stock Dividend)		
45.3	Transferred from capital		
46.	Dividends to stockholders		
47.	Aggregate write-ins for gains or (losses) in surplus		
48.	Net change in capital and surplus (Lines 34 to 47)	1,180,268	5,696,278
49.	Capital and surplus end of reporting period (Line 33 plus 48)	13,179,428	11,999,160
DETAILS OF WRITE-INS			
4701	.....	
4702	.....	
4703	.....	
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		

CASH FLOW

		1 Current Year To Date	2 Prior Year Ended December 31
Cash from Operations			
1.	Premiums collected net of reinsurance	15,801,775	50,413,739
2.	Net investment income	410,525	418,721
3.	Miscellaneous income	(1,039,115)	(327,478)
4.	Total (Lines 1 through 3)	15,173,184	50,504,982
5.	Benefit and loss related payments	10,726,916	41,220,689
6.	Net transfers to Separate, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	523,600	3,101,961
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) \$..... net of tax on capital gains (losses)	(34,319)	
10.	Total (Lines 5 through 9)	11,216,197	44,322,650
11.	Net cash from operations (Line 4 minus Line 10)	3,956,988	6,182,331
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds		
12.2	Stocks		
12.3	Mortgage loans		
12.4	Real estate		
12.5	Other invested assets		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments	32,782	
12.7	Miscellaneous proceeds	0	
12.8	Total investment proceeds (Lines 12.1 to 12.7)	32,782	
13.	Cost of investments acquired (long-term only):		
13.1	Bonds		
13.2	Stocks	2,546	12,068
13.3	Mortgage loans		
13.4	Real estate	15,009	3,154,979
13.5	Other invested assets		
13.6	Miscellaneous applications		
13.7	Total investments acquired (Lines 13.1 to 13.6)	17,555	3,167,047
14.	Net increase (or decrease) in policy loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Lines 13.7 and 14)	15,227	(3,167,047)
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes		
16.2	Capital and paid in surplus, less treasury stock		
16.3	Borrowed funds		
16.4	Net deposits on deposit-type contracts and other insurance liabilities		
16.5	Dividends to stockholders		
16.6	Other cash provided (applied)	(954,301)	252,378
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(954,301)	252,378
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS			
18.	Net change in cash and short-term investments (Lines 11 plus 15 plus 17)	3,017,913	3,267,663
19.	Cash and short-term investments:		
19.1	Beginning of year	17,706,580	14,438,917
19.2	End of period (Line 18 plus Line 19.1)	20,724,493	17,706,580

Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

Description		Amount 1	Amount 2
20.0001		

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

7

		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
			2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
		Total	Individual	Group										
Total Members at end of:														
1.	Prior Year	29,464								29,464				
2.	First Quarter	32,262								32,262				
3.	Second Quarter													
4.	Third Quarter													
5.	Current Year													
6.	Current Year Member Months	93,206								93,206				
Total Member Ambulatory Encounters for Period:														
7.	Physician	14,754								14,754				
8.	Non-Physician	3,106								3,106				
9.	Total	17,860								17,860				
10.	Hospital Patient Days Incurred	2,413								2,413				
11.	Number of Inpatient Admissions	725								725				
12.	Health Premiums Written	16,039,890								16,039,890				
13.	Life Premiums Direct													
14.	Property/Casualty Premiums Written													
15.	Health Premiums Earned	16,039,890								16,039,890				
16.	Property/Casualty Premiums Earned													
17.	Amount Paid for Provision of Health Care Services ...	10,629,296								10,629,296				
18.	Amount Incurred for Provision of Health Care Services	12,755,377								12,755,377				

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 days	Over 120 Days	Total
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered	3,262,620	428,108				3,690,728
0399999 Aggregate Accounts Not Individually Listed - Covered						
0499999 Subtotals	3,262,620	428,108				3,690,728
0599999 Unreported claims and other claim reserves						5,013,834
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						8,704,562
0899999 Accrued Medical Incentive Pool And Bonus Amounts						2,095,002

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business		Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1+3)	6 Estimated Claim Reserve and Claim Liability Dec.31 of Prior Year
		1	2	3	4		
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec.31 of Prior Year	On Claims Incurred During the Year		
1.	Comprehensive (hospital & medical) .....	.....	.....	.....	.....	.....	.....
2.	Medicare Supplement .....	.....	.....	.....	.....	.....	.....
3.	Dental only .....	.....	.....	.....	.....	.....	.....
4.	Vision only .....	.....	.....	.....	.....	.....	.....
5.	Federal Employees Health Benefits Plan .....	.....	.....	.....	.....	.....	.....
6.	Title XVIII - Medicare .....	.....	.....	.....	.....	.....	.....
7.	Title XIX - Medicaid	4,220,159	6,329,781	2,845,567	5,858,995	7,065,726	7,065,726
8.	Other health .....	.....	.....	.....	.....	.....	.....
9.	Health subtotal (Lines 1 to 8)	4,220,159	6,329,781	2,845,567	5,858,995	7,065,726	7,065,726
10.	Other non-health .....	.....	.....	.....	.....	.....	.....
11.	Medical incentive pools, and bonus amounts .....	.....	.....	1,607,757	487,245	1,607,757	1,607,757
12.	TOTALS	4,220,159	6,329,781	4,453,324	6,346,240	8,673,483	8,673,483

Notes to Financial Statement

McLaren Health Plan, Inc
March 31, 2004

- 1. Summary of Significant Accounting Policies
No Change
- 2. Accounting Changes and Corrections of Errors
No Change
- 3. Business Combinations and Goodwill
No Change
- 4. Discontinued Operations
No Change
- 5. Investments
No Change
- 6. Joint Ventures, Partnerships and Limited Liability Companies
No Change
- 7. Investment Income
No Change
- 8. Derivative Investments
No Change
- 9. Income Taxes
No Change
- 10. Information Concerning Parent, Subsidiaries and Affiliates
No Change
- 11. Debt
No Change
- 12. Retirement Plans, Deferred Compensation, Post employment Benefits and Compensated Absences and Other Postretirement Benefit Plans
No Change
- 13. Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations
No Change
- 14. Contingencies
No Change
- 15. Leases
No Change
- 16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk
No Change
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
No Change
- 18. Gain of Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
No Change
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
No Change

Notes to Financial Statement

- 20. September 11 Events
No Change
- 21. Other Items
No Change
- 22. Events Subsequent
No Change
- 23. Reinsurance
No Change
- 24. Retrospectively Rated Contracts
No Change
- 25. Change in Incurred Claims and Claim Adjustment Expenses
No Change
- 26. Intercompany Pooling Arrangements
No Change
- 27. Structured Settlements
No Change
- 28. Health Care Receivables
No Change
- 29. Participating Policies
No Change
- 30. Premium Deficiency Reserves
No Change
- 31. Anticipated Salvage and Subrogation
No Change

GENERAL INTERROGATORIES
(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Did the reporting entity implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements?

Yes[] No[X]
- 1.2 If yes, explain:
- 2.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[] No[X]
- 2.2 If yes, has the report been filed with the domiciliary state?

Yes[] No[] N/A[X]
- 3.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[] No[X]
- 3.2 If yes, date of change:
If not previously filed, furnish herewith a certified copy of the instrument as amended.
4. Have there been any substantial changes in the organizational chart since the prior quarter end?
If yes, complete the Schedule Y - Part 1 - organization chart

Yes[] No[X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- 5.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile
.....

6. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes[] No[] N/A[X]
- 7.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/1999
- 7.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/1999
- 7.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

05/11/2001
- 7.4 By what department or departments?
MICHIGAN OFFICE OF FINANCIAL & INSURANCE SERVICES
- 8.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.)

Yes[] No[X]
- 8.2 If yes, give full information
- 9.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 9.2 If response to 9.1 is yes, please identify the name of the bank holding company.
- 9.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 9.4 If response to 9.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6	7
Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC
.....	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]

INVESTMENT

- 10.1 Has there been any changes in the reporting entity's own preferred or common stock?

Yes[] No[X]
- 10.2 If yes, explain:
- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[] No[X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$
13. Amount of real estate and mortgages held in short-term investments:

\$
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[] No[X]
- 14.2 If yes, please complete the following:

GENERAL INTERROGATORIES (Continued)

		1 Prior Year-End Statement Value	2 Current Quarter Statement Value
14.21	Bonds .....	.....	.....
14.22	Preferred Stock .....	.....	.....
14.23	Common Stock .....	.....	.....
14.24	Short-Term Investments .....	.....	.....
14.25	Mortgages, Loans or Real Estate .....	.....	.....
14.26	All Other .....	.....	.....
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	.....	.....
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above .....	.....	.....
14.29	Receivable from Parent not included in Lines 14.21 to 14.26 above .....	.....	.....

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes[] No[X]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

Yes[] No[] N/A[X]
16. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity’s offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 - General, Section IV, H-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]
- 16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
BANK ONE, TREASURY MANAGEMENT SERVICES	611 WOODWARD AVE, DETROIT MI 48226

- 16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

- 16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?

Yes[] No[X]
- 16.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....

- 16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
.....

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	3,098,503	62,000
2.	Increase (decrease) by adjustment	(36,782)	(118,476)
3.	Cost of acquired		2,730,676
4.	Cost of additions to and permanent improvements	15,009	424,303
5.	Total profit (loss) on sales		
6.	Increase (decrease) by foreign exchange adjustment		
7.	Amount received on sales		
8.	Book/adjusted carrying value at end of current period	3,076,730	3,098,503
9.	Total valuation allowance		
10.	Subtotal (Lines 8 plus 9)	3,076,730	3,098,503
11.	Total nonadmitted amounts		
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	3,076,730	3,098,503

SCHEDULE B - VERIFICATION

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year ..		
2.	Amount loaned during period:		
2.1	Actual cost at time of acquisitions		
2.2	Additional investment made after acquisitions		
3.	Accrual of discount and mortgage interest points and commitment fees		
4.	Increase (decrease) by adjustment		
5.	Total profit (loss) on sale		
6.	Amounts paid on account or in full during the period		
7.	Amortization of premium		
8.	Increase (decrease) by foreign exchange adjustment		
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period		
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)		
12.	Total nonadmitted amounts		
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)		

SCHEDULE BA - VERIFICATION
Other Invested Assets Included in Schedule BA

		1	2
Description		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year		
2.	Cost of acquisitions during period:		
2.1	Actual cost at time of acquisitions		
2.2	Additional investment made after acquisitions		
3.	Accrual of discount		
4.	Increase (decrease) by adjustment		
5.	Total profit (loss) on sale		
6.	Amounts paid on account or in full during the period		
7.	Amortization of premium		
8.	Increase (decrease) by foreign exchange adjustment		
9.	Book/adjusted carrying value of long-term invested assets at end of current period		
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)		
12.	Total nonadmitted amounts		
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)		

SCHEDULE D - VERIFICATION

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	1,030,684	1,018,617
2.	Cost of bonds and stocks acquired	2,546	12,068
3.	Accrual of discount		
4.	Increase (decrease) by adjustment		
5.	Increase (decrease) by foreign exchange adjustment		
6.	Total profit (loss) on disposal		
7.	Consideration for bonds and stocks disposed of		
8.	Amortization of premium		
9.	Book/adjusted carrying value, current period	1,033,230	1,030,684
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)	1,033,230	1,030,684
12.	Total nonadmitted amounts		
13.	Statement value	1,033,230	1,030,684

13 Schedule D Part 1B - NONE

14 Schedule DA Part 1 - NONE

14 Schedule DA Part 2 Verification - NONE

15 Schedule DB Part F Section 1 - NONE

16 Schedule DB Part F Section 2 - NONE

SCHEDULE S - CEDED REINSURANCE
Showing all new reinsurers-Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Name of Reinsurer	4 Location	5 Is Insurer Authorized? (Yes or No)
Accident and health - non-affiliates				
22667	95-2371728	ACE AMERICAN INS CO	NEW YORK, NEW YORK .....	..... Yes[] No[X]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

		1 Guaranty Fund (Yes or No)	2 Is Insurer Licensed (Yes or No)	Direct Business Only Year-to-Date					
				3 Accident and Health Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums and Deposit-Type Contract Funds	8 Property/ Casualty Premiums
State, Etc.									
1.	Alabama (AL)	No ..	No ..						
2.	Alaska (AK)	No ..	No ..						
3.	Arizona (AZ)	No ..	No ..						
4.	Arkansas (AR)	No ..	No ..						
5.	California (CA)	No ..	No ..						
6.	Colorado (CO)	No ..	No ..						
7.	Connecticut (CT)	No ..	No ..						
8.	Delaware (DE)	No ..	No ..						
9.	District of Columbia (DC)	No ..	No ..						
10.	Florida (FL)	No ..	No ..						
11.	Georgia (GA)	No ..	No ..						
12.	Hawaii (HI)	No ..	No ..						
13.	Idaho (ID)	No ..	No ..						
14.	Illinois (IL)	No ..	No ..						
15.	Indiana (IN)	No ..	No ..						
16.	Iowa (IA)	No ..	No ..						
17.	Kansas (KS)	No ..	No ..						
18.	Kentucky (KY)	No ..	No ..						
19.	Louisiana (LA)	No ..	No ..						
20.	Maine (ME)	No ..	No ..						
21.	Maryland (MD)	No ..	No ..						
22.	Massachusetts (MA)	No ..	No ..						
23.	Michigan (MI)	No ..	Yes ..			16,039,890			
24.	Minnesota (MN)	No ..	No ..						
25.	Mississippi (MS)	No ..	No ..						
26.	Missouri (MO)	No ..	No ..						
27.	Montana (MT)	No ..	No ..						
28.	Nebraska (NE)	No ..	No ..						
29.	Nevada (NV)	No ..	No ..						
30.	New Hampshire (NH)	No ..	No ..						
31.	New Jersey (NJ)	No ..	No ..						
32.	New Mexico (NM)	No ..	No ..						
33.	New York (NY)	No ..	No ..						
34.	North Carolina (NC)	No ..	No ..						
35.	North Dakota (ND)	No ..	No ..						
36.	Ohio (OH)	No ..	No ..						
37.	Oklahoma (OK)	No ..	No ..						
38.	Oregon (OR)	No ..	No ..						
39.	Pennsylvania (PA)	No ..	No ..						
40.	Rhode Island (RI)	No ..	No ..						
41.	South Carolina (SC)	No ..	No ..						
42.	South Dakota (SD)	No ..	No ..						
43.	Tennessee (TN)	No ..	No ..						
44.	Texas (TX)	No ..	No ..						
45.	Utah (UT)	No ..	No ..						
46.	Vermont (VT)	No ..	No ..						
47.	Virginia (VA)	No ..	No ..						
48.	Washington (WA)	No ..	No ..						
49.	West Virginia (WV)	No ..	No ..						
50.	Wisconsin (WI)	No ..	No ..						
51.	Wyoming (WY)	No ..	No ..						
52.	American Samoa (AS)	No ..	No ..						
53.	Guam (GU)	No ..	No ..						
54.	Puerto Rico (PR)	No ..	No ..						
55.	U.S. Virgin Islands (VI)	No ..	No ..						
56.	Canada (CN)	No ..	No ..						
57.	Aggregate other alien (OT)	X X X ..	X X X ..						
58.	TOTAL (Direct Business)	X X X ..	(a).....1			16,039,890			
DETAILS OF WRITE-INS									
5701	.....	X X X ..	X X X ..						
5702	.....	X X X ..	X X X ..						
5703	.....	X X X ..	X X X ..						
5798.	Summary of remaining write-ins for Line 57 from overflow page	X X X ..	X X X ..						
5799.	TOTALS (Lines 5701 through 5703 plus 5798) (Line 57 above)	X X X ..	X X X ..						

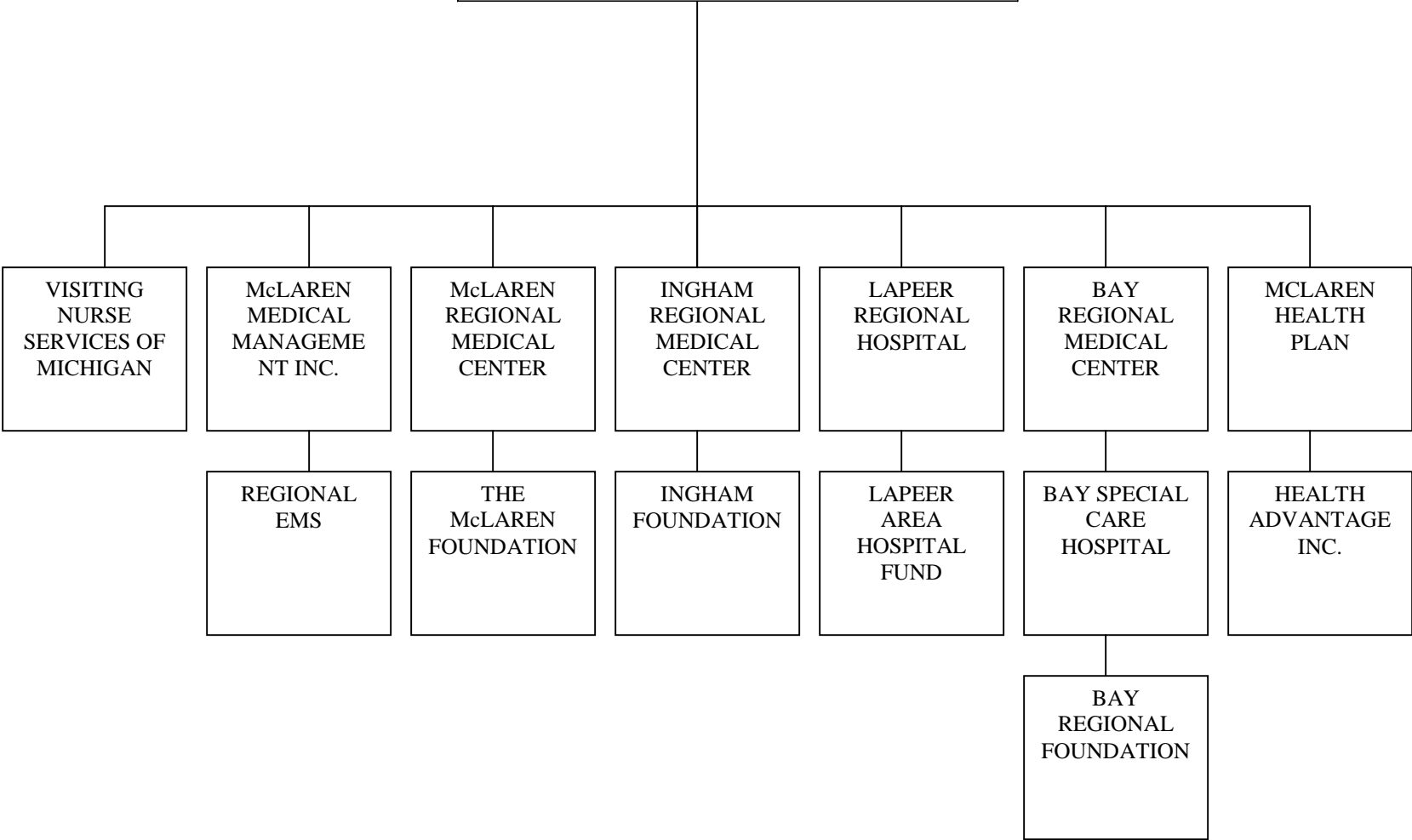
(a) Insert the number of yes responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

ORGANIZATIONAL CHART

McLAREN HEALTH CARE

19



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

RESPONSES

1. Will the SVO Compliance Certification be filed with this statement?

No

Explanation:

Bar Code:

SVO Compliance Certification



OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - PART 2
Showing all Real Estate ACQUIRED During the Current Quarter

1 Description of Property	Location		4	5	6	7	8	9
	2	3						
	City	State	Date Acquired	Name of Vendor	Actual Cost	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Expended for Additions and Permanent Improvements
Aquired by Purchase								
BUILDING	Flint	MI	01/26/2004 .	Sorensen/Gross	15,009		15,009	15,009
0199999 Subtotal - Aquired by Purchase					15,009		15,009	15,009
9999999 Totals					15,009		15,009	15,009

SCHEDULE A - PART 3
Showing all Real Estate SOLD during the Quarter, including Payments during the Final Year on "Sales under Contract"

EO1

1 Description of Property	Location		4 Disposal Date	5 Name of Purchaser	6 Actual Cost	7	8	9 Expended for Additions, Permanent Improvements and Changes in Encumbrances	10 Book/Adjusted Carrying Value Less Encumbrances	11 Amounts Received	12 Foreign Exchange Profit (Loss) on Sale	13 Realized Profit (Loss) on Sale	14 Total Profit (Loss) on Sale	15 Gross Income Earned Less Interest Incurred on Encumbrances	16 Taxes, Repairs and Expenses Incurred
	2 City	3 State				Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment								
					N O N E										
9999999 Totals															

NONE

E02 Schedule B Part 1 - NONE

E02 Schedule B Part 2 - NONE

E03 Schedule BA Part 1 - NONE

E03 Schedule BA Part 2 - NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
6099998	Summary Item for Bonds Bought and Sold This Quarter				X X X	X X X	X X X	X X X	X X X
6599998	Summary Item for Preferred Stock Bought and Sold This Quarter				X X X	X X X	X X X	X X X	X X X
Common Stock - Industrial and Miscellaneous									
681937405	ONE GROUP PRIME MONEY MARKET FUND		03/04/2004	BANK ONE TRUST COMPANY	2,545.530	2,546	X X X		
6899999	Subtotal - Common Stock - Industrial and Miscellaneous				X X X	2,546	X X X		X X X
7299997	Subtotal - Common Stock - Part 3				X X X	2,546	X X X		X X X
7299998	Summary Item for Common Stock Bought and Sold This Quarter				X X X	X X X	X X X	X X X	X X X
7299999	Subtotal - Common Stock				X X X	2,546	X X X		X X X
7399999	Subtotal - Preferred and Common Stock				X X X	2,546	X X X		X X X
7499999	Total - Bonds, Preferred and Common Stock				X X X	2,546	X X X		X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

E05 Schedule D Part 4 - NONE

E06 Schedule DB Part A Section 1 - NONE

E06 Schedule DB Part B Section 1 - NONE

E07 Schedule DB Part C Section 1 - NONE

E07 Schedule DB Part D Section 1 - NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month			9
							During Current Quarter			
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	*
							First Month	Second Month	Third Month	
open depositories										
BANK ONE	FLINT, MICHIGAN	12/31/2003 .....		..... 0.004	... 18,661	..... 2,349	. 17,891,253	. 19,964,021	. 20,724,494	X X X
0199998 Deposits in depositories that do not exceed the allowable limit in any one depository (See Instructions) - open depositories ..			. X X X .	... X X X ..	.....	.....	.....	.....	.....	X X X
0199999 Totals - Open Depositories .....			. X X X .	... X X X ..	... 18,661	..... 2,349	. 17,891,253	. 19,964,021	. 20,724,494	X X X
0299998 Deposits in depositories that do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories										
			. X X X .	... X X X ..	.....	.....	.....	.....	.....	X X X
0299999 Totals - Suspended Depositories .....			. X X X .	... X X X ..	.....	.....	.....	.....	.....	X X X
0399999 Total Cash On Deposit .....			. X X X .	... X X X ..	... 18,661	..... 2,349	. 17,891,253	. 19,964,021	. 20,724,494	X X X
0499999 Cash in Company's Office .....			. X X X .	... X X X ..	. X X X .	... X X X ..	.....	.....	.....	X X X
0599999 Total Cash .....			. X X X .	... X X X ..	... 18,661	..... 2,349	. 17,891,253	. 19,964,021	. 20,724,494	X X X

INDEX TO HEALTH QUARTERLY STATEMENT

Accident and Health Insurance; 18
Accounting Changes and Corrections of Errors; Q11; 25, Note 2
Accounting Practices and Policies; Q5; 25, Note 1
Admitted Assets; Q2; 2; 29; Supp10; 26
Affiliated Transactions; 52; E14
Bonds; Q2; Q6; Q11.1; QE04; QE05; 2; 6; 15; 16; 26; 27.2; 27.4; 29; 32; 33; 34; 35; 36; 37; 38; E08; E11; E12; E13; Supp7
Bonuses; Q3; Q4; Q8; Q9; 3; 4; 7; 9; 11; 20; 23; 28.1; 49
Borrowed Funds; Q3; Q6; 3; 6
Business Combinations and Goodwill; 25, Note 3
Capital Gains (Losses) <ul style="list-style-type: none">Realized; Q4; 4; 7; 29; 40; E12; E13; E21Unrealized; Q4; Q5; 4; 5
Capital Stock; Q2; 2; 25, Note 13
Capital Notes; Q6; 6; 25, Note 11
Cash; Q2; Q6; QE08; 2; 6; 15; 16; 26; 49; E23
Cash Equivalents; Q2; Q6; 2; 6; 15; 16; 26; E24
Claims; Q3; Q8; 3; 9; 11; 12; 20; 29; 48; 49; Supp1; Supp27; Supp48; Supp55; Supp57; Supp58; Supp59; Supp60; Supp61; Supp62
Coinsurance; 44; Supp17
Collars; QE07
Commissions; Q6; 6; 48; Supp25; Supp55
Common Stock; Q2; Q3; Q6; Q11.1; 2; 3; 6; 15; 16; 26; 27; 28; 29; 32; E10; E11; E12; E13; Supp7
Cost Containment Expenses; Q4; 4; 7; 19; Supp59
Contingencies; 25, Note 14
Counterparty Exposure; 25, Note 8
Debt; 25, Note 11
Deferred Compensation; 25, Note 2
Derivative Instruments; Q15; 25, Note 8; 42
Deposit-Type Contracts; Supp16
Discontinued Operations; 25, Note 4
Electronic Data Equipment; Q2; 2; 16
Encumbrances; Q2; QE01; 2; E02; E03; E06; E07
Emergency Room; Q4; 4; 7
Enrollment and Utilization; 17
Expenses; Q3; Q4; Q6; 3; 4; 6; 7; 12; 14; 15; 27.4; 29; Supp49; Supp55; Supp56; Supp59; Supp60; Supp61; Supp62
Experience Rating Refunds; 13; Supp20
Extinguishment of Liabilities; 25, Note 17
Extraordinary Item; 25, Note 21
Fee for Service; Q4; 4; 7; 23
Foreign Exchange; Q2; Q5; Q12; QE01; QE02; 2; 5; 16; 31; 32; 39; E01; E02; E03; E05; E06; E07; E09; E12; E13; E15
Forwards; QE07; 41; E19; E20
Furniture, Equipment and Supplies; Q2; 2; 16; 24
Futures Contracts; 41
Guaranty Fund; Q2; Q18; 2; 16; 50
Health Care Receivables; Q2; 2; 16; 19; 25, Note 28
Health Statement Test; 28
Hospital/Medical Benefits; Q4; 4; 7; 48
Incentive Pools; Q3; Q4; Q9; 3; 4; 7; 9; 11; 20; 23; 28.1; 49
Income; Q4; Q5; 4; 5; 29
Income Taxes; Q2; Q3; Q4; Q5; 2; 3; 4; 5; 15; 16; 25, Note 9; Supp57
Incurred Claims and Claim Adjustment Expenses; Supp49; Supp50; Supp51; Supp52; Supp53; Supp54; 25, Note 25
Intercompany Pooling; Supp27; Supp28; Supp29; Supp30; Supp31; Supp32; Supp33; Supp34; Supp35; Supp36; Supp37; Supp38; Supp39; Supp40; Supp41; Supp42; Supp43; Supp44; Supp45; Supp46; SUp47; Supp48; 25, Note26
Investment Income; 25, Note 7 <ul style="list-style-type: none">Accrued; Q2; 2; 16Earned; Q2; Q14; 4; 15; 39; E24Received; Q6; 6; 39
Investments; Q11.1; 15; 27.3; Supp7; Supp12; Supp57; 25, Note 5
Joint Ventures; 25, Note 6
Leases; 25, Note 15
Limited Liability Company (LLC); 25, Note 6
Limited Partnership; 25, Note 6
Long-Term Care Insurance; 8; 53; Supp3; Supp4; Supp5; Supp6
Long-Term Invested Assets; QE03; 31; E06
Loss Development; 12
Managing General Agents; 25, Note 19
Maximum Retained Risk; 28
Member Months; Q4; Q7; 4; 17; 29; 30
Minimum Net Worth; 28.1
Mortgage Loans; Q2; Q6; Q11.1; QE02; 2; 6; 15; 16; 26; 29; E04; E05; Supp11
Non Admitted Assets; Q2; Q5; Q12; 2; 5; 16; 32; 39
Off-Balance Sheet Risk; 25, Note 16
Options; QE06; 27.2; 40; E16; E17; E18
Organizational Chart; Q11; Q19; 51

INDEX TO HEALTH QUARTERLY STATEMENT

Out-of-Area; Q4; 4; 7	
Outside Referrals; Q4; 4; 7	
Parents, Subsidiaries and Affiliates; Q2; Q3; Q11.1; 2; 3; 16; 21; 25, Note 10; 22; 32	
Participating Policies; 25, Note 29; Supp15	
Pharmaceutical Rebates; 25, Note 28	
Policyholder Dividends; Q6; 6; Supp55	
Postemployment Benefits; 25, Note 12	
Postretirement Benefits; 25, Note 12	
Preferred Stock; Q2; Q3; Q6; Q11.1; 2; 3; 6; 15; 16; 26; 27.2; 27.4; 29; 32; E09; E11; E12; E13; Supp7	
Premium Deficiency Reserves; 25, Note 30	
Premiums and Considerations	
Advance; Q3; 3; 49	
Collected; Q6; 6	
Deferred; Q2; 2	
Direct; Q7; Q18; 28; 30; 49; 50; Supp20	
Earned; Q7; 7; 12; 28; 29; 30; Supp1; Supp27; Supp55; Supp57	
Retrospective; Q2; 12	
Uncollected; Q2; 2; 16	
Unearned; Q4; 4; Q7; 7; 13	
Written; Q4; Q7; 4; 18; 30; 49; 50; Supp20; Supp55; Supp59; Supp60; Supp61; Supp62	
Prescription Drugs; Q4; 4; 7	
Product Type; 17	
Provider Transactions; 23	
Quasi Reorganizations; 25, Note 13	
Real Estate; Q2; QE01; 2; 15; 16; 26; 29; E01; E02; E03	
Redetermination, Contracts Subject to; 25, Note 24	
Reinsurance; 25, Note 23	
Assumed; 8; 9; 10; 44; Supp17; Supp25; Supp26; Supp27; Supp28; Supp29; Supp30; Supp31; Supp32; Supp33; Supp34; Supp35; Supp36; Supp37; Supp38; Supp39; Supp40; Supp41; Supp42; Supp43; Supp44; Supp45; Supp46; Supp47; Supp48	
Ceded; Q3; Q17; 3; 8; 9; 10; 44; Supp14; Supp26; Supp27; Supp28; Supp29; Supp30; Supp31; Supp32; Supp 33; Supp34; Supp35; Supp36; Supp37; Supp38; Supp39; Supp40; Supp41; Supp42; Supp43; Supp44; Supp45; Supp46; Supp47; Supp48	
Claims; 9; 10; 44; 45; 48	
Funds Held; Q2; 2; 16; Supp25	
Payable; Q3; 3; 45	
Premiums; Q3; 3; 8	
Receivable; Q2; Q4; 2; 7; 9; 16; 48; 49	
Unauthorized; Q3; Q5; 3; 47; 48; 49	
Reserves	
Accident and Health; Q3; Q4; 3; 4; 7	
Annuity; Supp19	
Claims; Q3; Q5; Q8; 3; 5; 9	
Life; Q3; 3; 7; Supp14	
Retirement Plans; 25, Note 12; Supp22	
Retrospectively Rated Policies; 25, Note 24	
Risk-Based Capital; 53	
Adjusted Capital; 29	
Authorized Control Level; 29	
Risk Revenue; Q4; 4; 7	
Salvage and Subrogation; 25, Note 31; Supp27; Supp28; Supp29; Supp30; Supp31; Supp 32; Supp33; Supp34; Supp35; Supp36; Supp37; Supp38; Supp39; Supp40; Supp41; Supp42; Supp43; Supp44; Supp45; Supp46; Supp47; Supp48	
September 11 Events; 25, Note 20	
Servicing of Financial Assets; 25, Note 17	
Short-Term Investments; Q2; Q6; Q11.1; Q14; 2; 6; 15; 26; 29; 39; E15	
Special Deposits; E25	
Stockholder Dividends; Q5; 5	
Stop Loss; 8	
Subsequent Events; 25, Note 22	
Surplus; Q3; Q5; 3; 5; 25, Note 13; 29	
Surplus Notes; Q3; Q5; Q6; 3; 5; 6	
Swaps; QE07; E19; E20	
Synthetic Assets; Q15; Q16; 42; 43	
Third Party Administrator; 25, Note 19	
Treasury Stock; Q3; Q5; 3; 5; 6	
Uninsured Accident and Health; Q2; Q3; 2; 3; 16; 25, Note 18	
Wash Sales; 25, Note 17	
Withholds; Q4; Q8; 4; 7; 10; 20; 23; 28.1	